

WAYNE SOCCER CLUB
P.O. BOX 2217
WAYNE, NEW JERSEY 07470
www.waynesc.org

2010 - 2011 SEASON SPRING TRYOUTS FORM

Name _____ M F Birthdate _____

Address _____
Street Town Zip

Home phone # _____ Parent's names _____

Mother's cell # _____ Mother's email address: _____

Father's cell # _____ Father's email address: _____

School attending _____ 9/2010 grade _____

Team trying out for (if known): U- _____ Coach _____

Do you have brother(s)/sister(s) trying out for a Wayne Soccer Club team this season? Y N

If Yes: Name _____ Team/Coach _____

Name _____ Team/Coach _____

I/we, as parent(s)/guardian(s) of the above named child hereby give my/our permission for his/her participation in the soccer tryout program with the Wayne Soccer Club, Inc. I/we know of no illness or physical impairment which will prevent him/her from participating. I/we assume all risks and hazards incident to such participation, including transportation to and from all soccer-related activities.

Parent Signature _____ Date _____

**PLEASE COMPLETE THIS FORM AND PRESENT IT
AT THE FIRST SCHEDULED TRYOUT ATTENDED.**